

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041562

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 64

FILED NOV 19 1962

1. PLACE OF DEATH a. COUNTY <u>BENTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARSAW</u>		c. CITY OR TOWN <u>JAMESTOWN</u>	
Length of stay in 1b <u>3 YRS.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>OAK HEAVEN REST HOME</u>		d. STREET ADDRESS (If outside, give location) <u></u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		First Middle Last <u>WILLIAM F. HOEPFINGER</u>		4. DATE OF DEATH Month Day Year <u>NOV. 10, 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-5-79</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. COUNTY JUDGE AND</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and state or country) <u>JAMESTOWN, MO.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U S A</u>		13a. FATHER'S NAME <u>Carl Hoepfinger</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schwedes</u>	
14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NO</u>		17. INFORMANT Address <u>CARL HOEPFINGER, WARSAW, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SEPSIS AND TERMINAL PNEUMONIA</u> DUE TO (b) <u>THROMBOTIC ENCEPHALOMALACIA</u> DUE TO (c) <u>ADVANCED ARTERIOSCLEROSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u> <u>ONE MONTH</u> <u>TEN YEARS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>SENILITY</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u></u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u></u>
21. I attended the deceased from <u>OCT. 15, 1962</u> to <u>NOV. 10, 1962</u> and last saw her alive on <u>NOV. 10, 1962</u> Death occurred at <u>3:00 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>Emmett S. O'Connell</u> (Degree or title)	22b. ADDRESS <u>WARSAW, MO.</u>	22c. DATE SIGNED <u>11-10-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Nov 12, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>JAMESTOWN CEMETRY</u>
23d. LOCATION (City, town, or county) <u>JAMESTOWN, MONITEAU CO., MO.</u>		(State)

24. FUNERAL DIRECTOR <u>Wilson's Funeral Home</u> ADDRESS <u>California, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 12-1962</u>	26. REGISTRAR'S SIGNATURE <u>Geo. A. Logan</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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2 06802
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MAR 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John I Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.